

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32590

State File No. _____

FILED SEP 30 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 306 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> <u>1670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Barton</u> c. (Last) <u>Foster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>17</u> , <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/9/1900</u>
9. AGE (In years last birthday) <u>52</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Cashier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co Mo.</u>

10a. FATHER'S NAME <u>John W. Foster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. MOTHER'S MAIDEN NAME <u>Elizabeth H. Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth H. Barton</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Priddle</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>500-145353</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Barton Foster</u> ADDRESS <u>Madison Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric ulcer</u> DUE TO (c) <u>Cirrhosis of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION <u>9-12-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastric ulcer</u> <u>5400</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1952, to Sept 17, 1952, that I last saw the deceased alive on Sept 17, 1952, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. S. Turner</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Madison Mo</u>	23c. DATE SIGNED <u>9-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Sept 19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank E. Humphrey</u> ADDRESS <u>Madison Mo</u>	

DATE REC'D BY LOCAL REG. <u>9/19/52</u>	REGISTRAR'S SIGNATURE <u>Lash Williams</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank E. Humphrey</u> ADDRESS <u>Madison Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0883

Oct 3 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Mrs. Freda C. Thompson

Licensed Embalmer No. *3282*

P. O. Address

Washington Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.